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PECOPD Do							Application or Docket Number 10657457		Filing Date: 09/08/2003		ays a valla	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY														
	FOR		NUMBER	JMBER FILED NUMB		MBER EXTRA		RATE (\$)	FEE (\$)		RATE (5)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	4	N/A			N/A		!	N/A			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		L	N/A			N/A			
	L CLAIMS R 1.16(i))			minus 20 =	•		L	X \$25 =		OR	x \$50 =			
	PENDENT CLAIM R 1.16(h))	S		minus 3 =	•			X \$100 =			x \$200 =	.		
	PPLICATION SIZE 7 CFR 1.16(s))	FEE for the	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							£	+ \$180			+\$360			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	. [
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
AMENDMENT A	091906	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOI	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$	5)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 20	Minus	** 20	= 0		Γ	X \$25 =		OR	X \$50=		0	
	Independent (37 CFR 1.16(h))	• 3	Minus	** 3	= 0		Г	X \$100 =		OR	X \$200=		0	
	Application Size Fee (37 CFR 1.16(s))													
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
		_					_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
	(Column 1) (Column 2) (Column													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOI	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$	5)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=		Γ	X \$25 =		OR	X \$50 =	T		
	Independent (37 CFR 1.16(h))	*	Minus	**	=		ľ	X \$100 =		OR	X \$200 =	-		
WE	Application Size Fee (37 CFR 1.16(s))													
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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